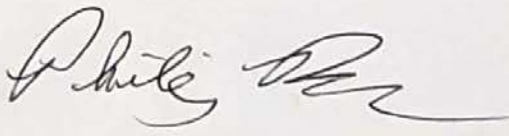

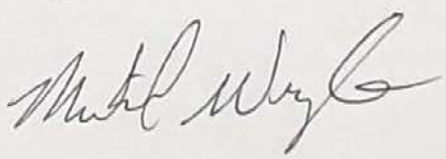


ICS 208 - Site Safety Plan				Version Name: Staging Gate #6				
Incident Name: South 4 Group Fire				Period: Initial Response [11/29/2019 06:00 - 11/30/2019 06:00]				
Applies to Site: Staging - Gate 6								
Site Characterization								
Water		Land		Weather				
Wave Height		Land Use		Air Temp		72 Fahrenheit		
Speed				Wind Speed		15 mph		
Direction				Direction		NNE		
Site Hazards								
Yes	No	Hazards	Yes	No	Hazards	Yes	No	Hazards
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boat Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire, Explosion, In-situ Burning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pump Hose
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chemical Hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heat Stress	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Slips, Trips, and Falls
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cold Stress	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Helicopter Operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Steam and Hot Water
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Confined Spaces	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lifting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Trenching/Excavation
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drum Handling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Motor Vehicles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	UV Radiation
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment Operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Noise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Visibility
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Electrical Operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Overhead/Buried Utilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weather
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fatigue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plants/Wildlife	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Work Near Water
Air Monitoring Limits								
Oxygen Level			1,3-Butadiene		0.5ppm 5 min	Nitrogen Dioxide		0.2ppm 5 min
LEL		1% 1 min	Butane		500ppm 5min	Particulate Matter		351ug/m3 5 min
Hydrogen Sulfide			Carbon Dioxide		5000ppm 5 min	Total VOC		5ppm 5min
Benzene			Carbon Monoxide		25ppm 5min			
Total Hydrocarbons			LEL ACTION		5% 1 min			
Engineering Controls								
<input type="checkbox"/>	Source of release secured		<input type="checkbox"/>	Valve(s) closed		<input type="checkbox"/>	Energy sources locked/tagged out	
<input checked="" type="checkbox"/>	Site secured		<input checked="" type="checkbox"/>	Facility shut down				
Personal Protective Equipment Required								
<input type="checkbox"/>	Impervious suit		<input checked="" type="checkbox"/>	Hard hats		<input checked="" type="checkbox"/>	Boots	
<input type="checkbox"/>	Inner gloves		<input checked="" type="checkbox"/>	Respirators		<input checked="" type="checkbox"/>	SCBA - Fresh Air (as needed)	
<input checked="" type="checkbox"/>	Outer gloves		<input checked="" type="checkbox"/>	Eye protection				
<input checked="" type="checkbox"/>	Flame resistant clothing		<input type="checkbox"/>	Personal flotation				
Additional Control Measures Established								
<input checked="" type="checkbox"/>	Decontamination		<input checked="" type="checkbox"/>	Illumination		<input type="checkbox"/>	Additional stations established	
<input checked="" type="checkbox"/>	Sanitation		<input type="checkbox"/>	Medical surveillance		<input checked="" type="checkbox"/>	Facilities provided	
Work Plan								
<input type="checkbox"/>	Booming		<input type="checkbox"/>	Excavation		<input type="checkbox"/>	Hot work	
<input type="checkbox"/>	Skimming		<input checked="" type="checkbox"/>	Heavy equipment		<input type="checkbox"/>	Appropriate permits used	
<input type="checkbox"/>	Vac trucks		<input type="checkbox"/>	Sorbent pads				
<input type="checkbox"/>	Pumping		<input type="checkbox"/>	Patching				
ICS 208 - Site Safety Plan								
Prepared By Planning Planning, Updated 11/28/2019 20:09 UTC -6 PP								
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ICS 208 - Site Safety Plan				Version Name: Staging Gate #6	
Incident Name: South 4 Group Fire				Period: Initial Response [11/29/2019 06:00 - 11/30/2019 06:00]	
Training					
<input checked="" type="checkbox"/>	Verified site workers trained per local/federal regulatory requirements		Training Requirements	Annual Emergency Response Training	
Organization					
<i>Position</i>	<i>Name</i>	<i>Telephone/Radio</i>	<i>Position</i>	<i>Name</i>	<i>Telephone/Radio</i>
Incident Commander	McDonald, Scott		Operations Section Chief	Lynn, Gordon	281-608-4051
Safety Officer	Clifton, Chrissy				
Emergency Plan					
<input type="checkbox"/>	Fire Prevention Plan		<input checked="" type="checkbox"/>	Evacuation Plan	
<input type="checkbox"/>	Alarm System		<input checked="" type="checkbox"/>	First Aid Location	
Notifications					
<i>Facility</i>		<i>Phone</i>	<i>Facility</i>		<i>Phone</i>
<input checked="" type="checkbox"/>	Hospital	Medical Center of SETX 409-853-5900	<input checked="" type="checkbox"/>	Fire	Port Neches Fire Department 409-853-5900
<input checked="" type="checkbox"/>	Ambulance	Acadian Ambulance 800-259-1111	<input type="checkbox"/>	Law Enforcement	
<input checked="" type="checkbox"/>	Air Ambulance	Southeast Texas Air Rescue	<input type="checkbox"/>	Emergency Response/Rescue	
Initial Briefing					
<input type="checkbox"/>	Initial safety briefing prepared for each site				
<p>EPA OSC Philip Rouse </p> <p>^{TCEQ} SOSC TINA TRAN </p> <p>TPL EOC Manager </p>					
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